

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10603448 FILING DATE _____
 APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
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11						
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13						
14						
15						
16						
17						
18						
19	1					
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25						
26						
27						
28						
29	1					
30						
31						
32						
33						
34						
35						
36						
37		1				
38	1					
39						
40						
41						
42						
43						
44	1					
45		1				
46						
47						
48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.	40					
TOTAL CLAIMS	45					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						